21425 SPRING STREET

UNI ON GROVE 53182 Phone: (262) 878-2411	[Ownershi p:	State
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	FDDs
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/01):	366	Title 18 (Medicare) Certified?	No
Total Licensed Bed Capacity (12/31/01):	366	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/01:	266	Average Daily Census:	267
*****************	******	************	************

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	Length of Stay (12/31/01)	%			
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	2. 3
Supp. Home Care-Personal Care	No					1 - 4 Years	2. 3
Supp. Home Care-Household Services	No	Developmental Disabilities	100.0	Under 65	95. 5	More Than 4 Years	95. 5
Day Services	No	Mental Illness (Org./Psy)	0. 0	65 - 74	4. 1		
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	0.4		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	0.0	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	0.0	95 & 0ver	0.0	Full-Time Equivalen	t
Congregate Meals	No	Cancer	0.0	ĺ	j	Nursing Staff per 100 Re	si dents
Home Delivered Meals	No	Fractures	0.0	İ	100.0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	0.0	65 & 0ver	4. 5		
Transportation	No	Cerebrovascul ar	0.0	'		RNs	11. 1
Referral Service	No	Di abetes	0.0	Sex	% j	LPNs	3. 8
Other Services	No	Respi ratory	0.0		j	Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	0.0	Male	71.4	Ai des, & Orderl i es	121. 4
Mentally Ill	No			Female	28. 6		
Provi de Day Programmi ng for			100.0		j		
Developmentally Disabled	Yes				100.0		
********		, * * * * * * * * * * * * * * * * * * *					*****

Method of Reimbursement

		Medicare Title 18			ledicaid Title 19			0ther]	Pri vate Pay	:		amily Care			anaged Care			
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of All
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0.0	0	0	0. 0	0	0	0.0	0	0	0. 0	0	0	0. 0
Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				266	100.0	384	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	266	100. 0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Total	0	0.0		266	100. 0		0	0.0		0	0.0		0	0.0		0	0.0		266	100. 0

County: Raci ne SOUTHERN WISCONSIN CENTER FOR DD

Admissions, Discharges, and Deaths During Reporting Period	Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01										
beachs builting reporting refroo	•				% Needi ng		Total				
Percent Admissions from:		Activities of	%	Ass	si stance of	% Totally	Number of				
Private Home/No Home Health	0.0	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents				
Private Home/With Home Health	0.0	Bathi ng	10. 5		44. 4	45. 1	266				
Other Nursing Homes	0.0	Dressi ng	21. 4		48. 1	30. 5	266				
Acute Care Hospitals	10. 5	Transferring	53. 8		21. 4	24. 8	266				
Psych. HospMR/DD Facilities	63. 2	Toilet Use	32. 7		40. 6	26. 7	266				
Rehabilitation Hospitals	0.0	Eati ng	37. 6		39. 5	22. 9	266				
Other Locations	26 . 3	**************	******	*****	******	*********	******				
Total Number of Admissions	19	Conti nence		%	Special Trea	atments	%				
Percent Discharges To:		Indwelling Or Extern	al Catheter	2.6		Respiratory Care	4. 1				
Private Home/No Home Health	0.0	Occ/Freq. Incontinen	t of Bladder	53. 4	Recei vi ng	Tracheostomy Care	0.8				
Private Home/With Home Health	0.0	Occ/Freq. Incontinen	t of Bowel	42. 1	Recei vi ng	Sucti oni ng	2. 6				
Other Nursing Homes	0.0	_			Recei vi ng	Ostomy Care	2. 3				
Acute Care Hospitals	0.0	Mobility			Recei vi ng	Tube Feeding	8. 3				
Psych. HospMR/DD Facilities	11.5	Physically Restraine	d	7. 5	Recei vi ng	Mechanically Altered Diet	s 44.4				
Rehabilitation Hospitals	0.0					·					
Other Locations	65.4	Skin Care			Other Reside	ent Characteristics					
Deaths	23. 1	With Pressure Sores		2. 6	Have Advar	nce Directives	0.8				
Total Number of Discharges		With Rashes		9.4	Medi cati ons						
(Including Deaths)	26	ĺ			Recei vi ng	Psychoactive Drugs	60. 9				

	Thi s		DD	I		
	Facility	Fac	ilities		lties	
	%	%	Ratio	%	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	73. 0	84. 6	0. 86	84. 6	0. 86	
Current Residents from In-County	12. 4	41.3	0. 30	77. 0	0. 16	
Admissions from In-County, Still Residing	0.0	17. 0	0.00	20. 8	0.00	
Admissions/Average Daily Census	7. 1	18. 6	0. 38	128. 9	0.06	
Di scharges/Average Daily Census	9. 7	22. 2	0. 44	130. 0	0.07	
Discharges To Private Residence/Average Daily Census	0. 0	9. 4	0.00	52. 8	0.00	
Residents Receiving Skilled Care	0. 0	0.0	0.00	85. 3	0.00	
Residents Aged 65 and Older	4. 5	15. 8	0. 28	87. 5	0. 05	
Title 19 (Medicaid) Funded Residents	100. 0	99. 3	1. 01	68. 7	1.46	
Private Pay Funded Residents	0. 0	0. 5	0.00	22. 0	0.00	
Developmentally Disabled Residents	100. 0	99. 7	1.00	7. 6	13. 19	
Mentally Ill Residents	0. 0	0. 2	0.00	33. 8	0.00	
General Medical Service Residents	0. 0	0. 1	0.00	19. 4	0.00	
Impaired ADL (Mean)*	49. 5	50. 6	0. 98	49. 3	1.00	
Psychological Problems	60. 9	46. 6	1. 31	51. 9	1. 17	
Nursing Care Required (Mean)*	9. 3	11. 0	0. 85	7. 3	1. 27	